



ALERT

News from the UFMCC
on AIDS Legislation, Education, Research and Treatment.

February 1992

Dallas MCC Programs Win Community Award

Cathedral of Hope MCC Dallas has won the Phil Morrow Memorial Award from AIDS Services of Dallas. The Award was given for MCC's "outstanding contribution" to the "AIDS House" where fifty men, women, and children with HIV/AIDS live. MCC's contribution to the AIDS House represents a fraction of their AIDS programming.

HIV/AIDS programming includes an *AIDS Crisis Emergency Fund*, support groups, an annual AIDS Vigil, hospital visitation volunteers, and caregiving teams called *Care Bears*. In addition to the Rev. Carol West, MCC's AIDS Chaplain, five therapists are available on a scheduled basis. This is made possible through a number of grants.

MCC provides the only emergency funds available to persons with HIV/AIDS in Dallas. The AIDS Crisis Emergency Fund disburses \$15-20,000 a year to persons with HIV/AIDS to pay their rent, utilities, prescriptions, or other necessities. Since it is one of few resources for financial help, the city and local agencies make frequent use of it.

There are three kinds of support groups. The *Healing Experiences for Living Positive (HELP)* group is based on the 10 principles of the UFMCC pamphlet, *Spiritual Strength for Survival*. These are groups that run for 10 weeks, providing positive experiences for the people involved.

The *Life Threatening Illness* group has persons with HIV/AIDS, but also has persons with leukemia, cancer, and other life threatening conditions. A therapist facilitates this on-going drop-in group.

The *HIV Healing* group focuses on visualization, alternative therapies, and sharing. This group is more structured, is limited to 10 people at a time, and an intake interview is required. A therapist, paid for by a grant, facilitates.

The *Annual AIDS Vigil* is held on the weekend of All Saints Day, Friday through Sunday evening. The congregation has responded well, joining in a time of fasting, and coming to the church to pray throughout the Vigil.

Care Bears are teams of eight to fifteen persons who go out to people's homes to perform hands-on care. Some persons with AIDS are dependent on these teams for shopping, chores, and emotional support. There are currently four teams available; as the need exists, more teams are created. Volunteers are encouraged to take a short break after the death of a client, and go through a "debriefing" session with Rev. West, to ensure proper care of the grief process.

In training volunteers for the Hospital Visitation program, Rev. Paul Tucker has put together a manual, available through MCC Dallas. This training guide includes what is and is not appropriate in a hospital visit, hospital procedures, follow through, keeping records, and death and dying.

The *Care Bears* read *Handle With Care: The Handbook for Care Teams* by Ronald H. Sunderland, and Earl Shelp (Nashville: Abingdon Press, 1990), which discusses psychosocial and spiritual issues as well as practical help, such as how to change a bed with a person in the bed.

Cathedral of Hope MCC Dallas' ministry goes beyond the doors of the church. AIDS Services of Dallas has Rev. West one day a week to serve as a chaplain. At the "AIDS House," volunteers from the church plant trees, cook supper, make drapes, and build sidewalks. The Phil Morrow Award recognizes MCC's remarkable ability to make things happen!

In addition to all her other activities, Rev. West is available through the Oak Lawn Community Service for pastoral counseling, and does most of the funerals and memorial services. Parkland Hospital has referred many distraught parents and family members to MCC Dallas.

Recognizing the profound impact HIV/AIDS has had on the life of the community, the members of Cathedral of Hope MCC Dallas are dedicating their new building to people who have died from AIDS. For more information about the HIV/AIDS programs at MCC Dallas, contact Rev. Paul Tucker, P.O. Box 35466, Dallas, TX 75235; (214) 526-6221. ▼

Grants Help Support AIDS Ministry in Dallas

Rev. Paul Tucker was originally brought on staff of MCC Dallas as "AIDS Ministry Staff," supported by a grant from the Design Industries Foundation for AIDS (DIFFA). Now he spends most of his time writing and managing grants, to support the current AIDS Ministry of the church, which has escalated right along with the epidemic.

Grants pay for a great deal of MCC Dallas' AIDS Ministry, including salaries. A Health Department grant pays 80% of the salary of Rev. Carol West, the AIDS Chaplain, and 33% of Rev. Tucker's salary. The Ryan White Care Grant last year

provided money to pay for therapists to do free counseling through the church.

Much of MCC's AIDS Emergency Fund, which provides \$15-20,000 a year in financial grants to persons with HIV/AIDS, comes from grants. Rev. Tucker reports that people seem to be more willing to fund this kind of program. Among the organizations funding this are DIFFA, Broadway Cares in New York City, and Razzle Dazzle, a Dallas AIDS fundraising agency.

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Tutu Preaches Atlanta AIDS Service

[Grants Help...cont'd from page 1]

Archbishop Desmond Tutu preached to an overflow crowd at an Ecumenical AIDS Healing Service in Atlanta on World AIDS Day, December 1, 1991. Rev. Jay Neely, District Coordinator of the Gulf Lower Atlantic District of UFMCC, led the Call to Worship.

Neely reports that Tutu called for compassion for persons with HIV, and more

money for research and care, but was most effective when he observed that the latest figures show that HIV has infected so many heterosexuals world-wide, that it will force religious conservatives to look elsewhere "to do their gay-bashing."

The AIDS Healing Service was held at Trinity Presbyterian Church, and participants included the Most Reverend

James P. Lyke, Roman Catholic Archbishop of Atlanta, Bishop Harold Skillrud of the Evangelical Lutheran Church of America, the Right Rev. Judson Child, Jr., Retired Bishop of the Episcopal Church, and Rev. Caroline Morris, District Superintendent of the United Methodist Church, as well as UFMCC District Coordinator Rev. Neely. ▼

In writing grants, Rev. Tucker has found that it pays to avoid using "ministry" language, as many groups are unwilling to fund sectarian ministries.

Rev. Tucker reports that he learned grant writing "by doing it, making lots of mistakes, and biting my nails through." He recommends taking a course at a community college. ▼

World AIDS Day in Southampton, U.K.

Pax Christi MCC co-hosts Inter-Faith Meeting.

In the early days of the South West Hampshire Districts HIV/AIDS Forum, Pastor Ian Westby suggested that Pax Christi MCC would arrange a special event on World AIDS Day on Sunday 1 December. From this beginning developed the idea of an Inter-Faith gathering at the Friends Meeting House in place of the usual Sunday evening Service.

There was support from the Health Education Unit and from leaders of other Faiths in Southampton. As it became clear that it would not be practicable to share any element of worship, as originally hoped, it was decided that nevertheless to go ahead with a meeting which could explore how the various faith communities could work together in "Sharing the Challenge."

Thus it came about that Pax Christi MCC had its Sunday Worship Service at 5:30 that afternoon and then got the hall

ready for the inter-faith meeting at 7:00. It was a real thrill to see the numbers of people coming in, and to be scurrying around for extra chairs to accommodate those who turned up.

There were some interesting presentations from guest speakers and these were followed by an interesting discussion. Our special congratulations to the man who answered the question, "How many people know someone who is HIV positive?" with a quiet but forceful "As someone who is HIV positive..."

As might be expected there were some extreme views expressed but all in all there was a sense that we ought to be working together in providing community care for those people living with HIV and AIDS, and a number of people have expressed interest in further meetings, from which we hope some practical work together may come. ▼

Tat Inhibitor: Searching For A New Antiviral Treatment

[by John S. James; reprinted with permission from AIDS Treatment News, issue #141; 12/20/91]

Many leading AIDS researchers believe that blocking the "tat" gene of HIV may be the most promising approach to AIDS drug development. And new information presented at a recent conference but not yet widely known, greatly strengthens the case for this kind of drug.

The HIV tat gene produces a protein which greatly increases the activity of the virus; without tat, the virus becomes inactive. Because this gene has long been recognized as a potential target for an antiviral, the U.S. National Institute of Allergy and Infectious Diseases (NIAID) has provided about \$700,000 a year for tat research to a consortium headed by Hoffmann-La Roche, which developed a drug code-named Ro24-7429, which is now being tested at Johns Hopkins University. No other tat drug is now ready for human testing.

Here is why this approach is important:

* A major advantage of a tat inhibitor over almost all other AIDS drugs is that it would probably be effective in chronically infected as well as acutely infected cells (as Ro24-7429 has indeed been found to be). Other antivirals, such as AZT, ddI, ddC, and the non-nucleoside RT inhibitors, at best stop HIV from reproducing; they work after the virus has infected

a cell, by preventing the genetic information of the virus from being inserted into the genes of the cell. But it seems increasingly likely that much of the damage of AIDS is caused by reservoirs of the virus in chronically infected cells (including macrophages, dendritic cells in the skin, and probably other kinds of cells also). HIV does not kill these cells, but it makes them behave abnormally; they may produce toxic substances such as gp120, or inappropriate amounts of cytokines, normal chemical "messengers" between cells. This process is not affected by the drugs mentioned above (and probably not by the new class of protease inhibitors, either). An effective anti-tat drug would probably make HIV inactive in these cells, stopping the production of toxic substances - although it would not kill the virus and, like the other drugs, would need to be taken indefinitely.

* Another major advantage concerns viral resistance. Researchers have suspected that HIV might not be able to develop resistance to an anti-tat drug, because the function of tat may be critical; a mutation which could get around the drug effect would be lethal to the virus. Now there is evidence that this may indeed be the case.

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At the recent "New Directions in Antiviral Chemotherapy" conference in San Francisco, Douglas Richman, M.D., the leading expert on HIV resistance to antivirals, was asked about his results. In laboratory tests, he could quickly ("as early as one passage, and always within six passages") select for resistance to the non-nucleoside RT inhibitor BI-RG-587 (which, along with the Merck "L-drug", has recently shown major resistance problems in human trials). But in well over a year of tests he has not found any change in sensitivity of HIV to the tat inhibitor (Ro5-3335, an earlier version of Ro24-7429, which apparently was abandoned because of kidney toxicity in animal tests).

In the past, one reason for skepticism about the tat inhibitor is that its chemical structure is quite similar to that of BI-RG-587. Some skeptics had thought that the Hoffmann-LaRoche drug may have been mistakenly identified as a tat inhibitor, but that it really inhibited reverse transcriptase instead - in which case it would not be special. The new resistance information (which as far as we know appears in print for the first time in this article) shows that while the two drugs are chemically similar, they are very different in their effects - apparently because they act against different targets in the virus.

It has also been found that AZT-resistant strains of HIV are equally sensitive to the tat inhibitor as non-resistant strains.

* Ro24-7429 is synergistic with AZT, meaning that the combination works better than would be expected by adding the separate effects of the two drugs.

* Ro24-7429 is a "benzodiazepine derivative" - a member of the class of chemicals which includes the tranquilizers Valium and Librium. The extensive human experience with this kind of chemical may help in the development of the new drug.

There are three main safety concerns with Ro24-7429. In animal studies (which presumably included much higher doses than will be given to humans) it can cause kidney toxicity. And in the body, the drug is turned into a substance with a strong yellow color, which is seen in the urine; in animals, this substance could also remain in the tissues. The third concern is that many benzodiazepine derivatives can cause central nervous system toxicity; as a result, Ro24-7429 was carefully tested for this before human trials began.

The first human trial of Ro24-7429, which administered only one dose of the drug, has now been completed. The second trial is now ongoing at Johns Hopkins University. This trial is designed only as a safety study; according to a spokesperson for Hoffmann-LaRoche, no efficacy information is being collected. The three lowest doses (60, 200, and 600 mg) should be tested by early 1992; then the FDA wants to look at the data to decide whether to continue this trial with higher doses.

The corporate future of the tat inhibitor has been insecure since April 1991, when developer Hoffmann-LaRoche decided that for business reasons it did not want to develop this drug, and told Johns Hopkins researchers to indefinitely postpone the trial which was scheduled to start at that time. Hoffmann-LaRoche is expected to announce soon that it has sold rights to the drug to another pharmaceutical company.

We are concerned that the current trial of Ro24-7429 is not collecting efficacy information, as is commonly done in other trials of AIDS treatments; we urgently need an early indication of whether or not the drug is working in people as a practical treatment for HIV.

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AIDS Action Sets 1992 Priorities: Funding, Health Care Reform, Drug Development

AIDS Action Council, the Washington representative of community-based organizations in the U.S. announced that its top legislative and policy priorities for 1992 are funding for AIDS programs, health care reform, and drug development.

"Our greatest goal will again be to increase federal funding in the U.S. to a level that meets the challenges of the epidemic," said Miller, Board President. "We were able to increase AIDS spending by \$128 million in 1991 - a very tough year for social programs - and we will try for greater increases in 1992. We will work again for full funding of the Ryan White CARE Act."

AIDS Action also will target the development of HIV drugs. In 1991 AIDS Action persuaded Congress to require a five-year research plan from the National Institutes of Health, and brought public attention to the high price of the new drug foscarnet. In 1992 the Council will monitor development of the NIH plan, support efforts to control drug prices, and push for earlier approval of HIV therapies.

For the first time, AIDS Action expanded its agenda to include long-range policy goals such as national health care reform. "Because of the crisis nature of the epidemic, we've spent years putting out fires and responding to immediate needs," said Executive Director Dan Bross. "In 1992, in addition to day-to-day advocacy, AIDS Action will take on goals that may take time to achieve, but which are essential to bettering the lives of people with HIV."

"Now that health care reform is at the top of the national agenda, we need to be at the table when options are considered," said Director of Government Affairs Jeff Levi. "The epidemic has highlighted the weaknesses of the current system; we have a lot to bring to the discussion." In 1992, AIDS Action will step up its participation in health care reform coalitions, produce a white paper on health care reform and HIV, and analyze the impact of all legislative proposals on people with HIV. ▼

Native American Conference on AIDS Scheduled

The Indian Health Service Areas of Oklahoma, Albuquerque and Nashville will present the Native American Conference on HIV/AIDS/STD, March 24-26, 1992, in Tulsa, Oklahoma. The tri-area conference is co-sponsored and coordinated by the American Indian Institute of the University of Oklahoma, and co-sponsored by AIDS Education and Training Centers for Texas and Oklahoma, University of Texas, School of Public Health, Houston, Texas.

This conference on HIV/AIDS/STD is an effort to preserve and protect the future of the American Indian. Hundreds of Native American men, women and children have been diagnosed with HIV/AIDS and thousands more have been infected with the HIV virus which leads to AIDS. This silent infection has been found in Native Americans in every area of the United States and in almost every tribe. AIDS devastates the close-knit family groups of the Native Americans by

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The trial has also been criticized for its exclusion criteria, especially its exclusion of women of "childbearing potential;" this trial will end with little or no safety information for women.

No one yet knows if Ro24-7429 will be successful as a drug. If it is not, then the technology which found it (screening for anti-tat activity) will be vitally important, for searching for other tat drugs. This technology was developed at least in part at public expense; it should be made available. (We have been told that the drug itself, Ro24-7429, was an off-the-shelf chemical at Hoffmann-LaRoche, discovered by luck early in the screening process. How many more tat drugs could be found if the screening were not limited to existing chemicals which a single company has the commercial rights to produce?) ▼

Study Shows Promise of Fluconazole

The oral drug fluconazole appears to be an effective alternative to the standard intravenous treatment for initial episodes of a deadly AIDS-related fungal infection of the brain and nervous system, according to a study supported by the U.S. National Institute of Allergy and Infectious Diseases (NIAID).

The research report, based on a randomized clinical trial of 194 patients, appears in the January 9 *The New England Journal of Medicine*.

The study investigators found that fluconazole given by mouth is as effective as intravenous doses of the drug amphotericin B as a treatment for AIDS patients with a first outbreak of cryptococcal meningitis. In addition, the patients taking fluconazole had fewer drug-related side effects.

"These findings are an important step forward in defining the best approach for treating cryptococcal meningitis in people with AIDS," said Anthony S. Fauci, M.D., NIAID Director.

Cryptococcal meningitis is the most common life-threatening fungal infection seen in persons with AIDS, and accounts for 5 to 8 percent of all AIDS-related opportunistic infections. The disease is an infection of the meninges, the membranes that surround the brain and spinal cord, and it is invariably fatal if untreated. It is caused by a yeast-like fungus, *Cryptococcus neoformans*, that is found widely in the environment, especially in soil contaminated with bird excrement. Although exposure to *Cryptococcus neoformans* is quite common, disease rarely occurs except in persons who have damaged immune systems.

The Food and Drug Administration approved fluconazole in January 1990 as an alternative treatment for persons with damaged immune systems and with cryptococcal meningitis or with another fungal infection, candidiasis, which chronically infects the mouths and throats of up to 90 percent of people at advanced stages of AIDS.

The AIDS Clinical Trials Group is a nationwide network of medical centers in the U.S. that evaluates promising therapies for AIDS and the opportunistic infections and cancers that characterize the disease. The Mycoses Study Group, another NIAID-sponsored nationwide network of medical centers, conducts clinical research on fungal diseases. ▼

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affecting the young and the most productive members of the tribes. It has the effect of stealing the future of Native Americans.

The conference will focus on the use of traditional cultural strengths of Native Americans to educate the community and health care workers in the prevention and treatment of HIV/AIDS/STD. With all segments of the Native American community affected, the conference aims to unite the efforts of tribal leaders, Indian educators, Indian parents, health care professionals and others. This aim will be accomplished by general sessions for all participants and separate workshop tracks for tribal leaders and administrators, American Indian educators and parents, and health care workers.

For information contact: American Indian Institute, Continuing Education and Public Service, The University of Oklahoma, 555 Constitution Street, Norman, OK 73037-0005. ▼

ACTG 106: AZT/ddC Combination Shows Benefits

Combination therapy with zidovudine (AZT) and the experimental drug ddC is well-tolerated and appears to increase the number of certain crucial immune system cells in persons with advanced HIV disease, according to a pilot study of 56 patients supported by the U.S. National Institute of Allergy and Infectious Diseases.

However, Anthony S. Fauci, M.D., Director of NIAID, cautioned, "This is a pilot study that awaits confirmation in a larger group of patients. The data presented are too preliminary to make a final conclusion about the toxicities of the two drugs, or to recommend treatment using a combination regimen of ddC and AZT."

The research report and an accompanying editorial by Dr. Fauci appear in the January 1, 1992, edition of the *Annals of Internal Medicine*.

Based on the data from this study, a much larger NIAID-supported trial (ACTG 155) with more than 1000 patients is now under way to compare combination therapy (ddC and AZT) with monotherapy with either drug alone.

The current study, known as ACTG 106, was carried out at two sites of the AIDS Clinical Trials Group, a network of clinical research centers supported by NIAID. Volunteers enrolled in the study at the University of Miami and the University of California, San Diego, between July 1989 and May 1990.

The investigators report that combinations of AZT and ddC increased the count of CD4+ lymphocytes -- white blood cells crucial to the immune response -- to higher levels for a longer period of time than has previously been shown with either drug taken alone by persons with advanced HIV disease.

In test tube studies, AZT and ddC together have been shown to complement each other's antiviral activity. In the current study, "The apparent increased benefit with combination therapy may be related to the additive or synergistic activity of the two drugs that has been seen previously in vitro," said study collaborator Margaret A. Fischl, M.D., of the University of Miami School of Medicine. "Also, the emergence of drug-resistant strains of HIV may have been diminished by the use of AZT and ddC together." ▼